

Dr. Jonathan V. Wright's

NUTRITION & HEALING

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(Blood) sugar and spice: Could the secret to controlling diabetes be in your cupboard?

By Jonathan V. Wright, M.D.

Diabetes is in the news quite a bit these days. It's becoming more and more common, and odds are you know at least one person with the disease and may very well be at risk yourself. Finding effective methods of treatment and prevention for diabetes in the face of this potential epidemic is more important than ever. Now, a new study proves that we don't have to rely on patent drugs to help fight this killer.

One recent, large clinical trial, published in the *New England Journal of Medicine*, studied various prevention techniques by comparing changes in diet and physical activity with the commonly prescribed prescription drug metformin (commonly called Glucophage®) and a placebo in people at high risk of developing the disease. Researchers found that although both interventions were effective in preventing diabetes, the lifestyle intervention was more effective than the drug.¹

This study may be a rude awakening for the patent medicine company that includes metformin as one of its big-ticket items, but it's certainly good news for the 10 million Americans at risk for diabetes—who may be able to avoid the dangerous side effects associated with metformin including lactic acidosis, a

potentially life-threatening condition caused by the build-up of lactic acid in the blood. Symptoms associated with lactic acidosis include feelings of extreme weakness or lethargy, unusual muscle pain, trouble breathing, stomach discomfort, dizziness, lightheadedness, and arrhythmia.

"The risks involved with this treatment are small, and it's well worth considering both for current diabetics and for those with a high risk of developing the disease"

While the new study is an encouraging start for preventing the diabetes epidemic, many people need more help than just "lifestyle control" when faced with diabetes. But even those people needing additional help still don't have to turn to potentially deadly prescription drugs to get it.

There's an all-natural, great tasting, completely underused treatment that can help prevent type 2 diabetes as well as help treat existing type 1 and type 2 diabetes (both of which are often treated with either an oral

medication and/or insulin). Don't expect to hear about it from your friendly neighborhood patent medicine salesman or, in all likelihood, even from your doctor. It's non-prescription, cheap, unpatentable cinnamon! The risks involved with this treatment are small, and it's well worth considering both for current diabetics and for those with a high risk of developing the disease.

Just a spoonful of this common spice can help stave off type 2 diabetes

Less than two years ago, a small flurry of news reports (many found on the Internet) revealed that a research team led by Dr. Richard Anderson had isolated a part of cinnamon (a flavonoid called "methylhydroxychalcone polymer," or MHCP) that closely mimics insulin activity.² The researchers observed that a combination of MHCP and insulin worked synergistically (meaning they were more effective when used together than when either one was used on its own) in regulating glucose metabolism.

The research team worked with cell cultures to examine the effects of MHCP on a series of enzymes known to be affected by insulin. Results showed that MCHP

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Our mission:

Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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affected these enzymes in a very similar (although not precisely the same) way as insulin. The researchers concluded that although there were noticeable differences between the responses MHCP and insulin can have on regulating sugar metabolism, the benefit of combining the two therapies is clear.³ They also noted that MHCP does mimic insulin and that, in most instances, MHCP can work alone—without the presence of insulin. (For more information on Dr. Anderson's MHCP research, refer to the *Journal of the American College of Nutrition*, volume 20, issue 4, pages 327-356.)

One of the possibly overlooked but successful areas for cinnamon/MHCP use is in preventing type 2 diabetes before it ever begins in those who are considered at increased risk. Risk factors to watch for include a family history of type 2 diabetes, excess weight, the presence of skin tags, hypoglycemia (low blood sugar), and a combination of high blood pressure plus high triglycerides and/or high cholesterol. If specific testing shows insulin resistance/hyperinsulinism, cinnamon/MHCP promises to be an important tool in preventing the onset of type 2 diabetes when used in combination with an appropriate diet, exercise, and other specific supplementation. (For complete details on risk factors and testing for type 2 diabetes, please refer to the July 2001 issue of *Nutrition & Healing*. For more information on prevention, refer to the August 2001 issue.)

Cinnamon may eliminate the need for drugs in patients with type 2 diabetes

Cinnamon/MHCP might not only help control blood sugar but also, when combined with appropriate diet, exercise, and other supplementation, make patent medications and their myriad adverse effects (including significantly increased cardiovascular mortality and occasional deaths from other causes) totally unnecessary.

Individuals with type 2 diabetes who aren't using patent medications should also consider this addition to their diet, exercise, and supplement plan. If you have a mild case of diabetes, it's quite possible that your blood sugar level will normalize simply by using cinnamon or MHCP. At the very least, it should improve. And in either circumstance, using cinnamon or MHCP should postpone or even help prevent progression of type 2 diabetes and its complications. Of course, it's wisest to always work with a physician who can monitor your progress and help you withdraw from any patent diabetes medication you may be taking.

Type 1 diabetics can reduce insulin dependence

Since insulin and MHCP have been found to be synergistic, taking MHCP or whole cinnamon should make it possible to regulate blood sugar with less insulin. Some complications of type 1 diabetes may come from insulin use itself, so using less insulin while maintaining blood sugar control could be beneficial. In cases of type 1 (insulin-dependent) diabetes, it's definitely wisest to work with a physician whenever trying to taper down insulin usage.

Note: Although results from controlled trials involving whole cinnamon and/or MHCP and blood-sugar regulation in humans suffering from diabetes have not yet been published, according to a news report in late 2001, Dr. Anderson assures us that two such research reports are being submitted for publication in scientific journals. I'll keep you posted on the new information that comes out.

Before you start sprinkling it on...

Dr. Anderson noted in his research that all species of cinnamon and numerous bottles of commercial cinnamon were tried and that they all worked to help regulate glucose metabolism in his research teams' experiments.

Coupled with the widespread availability of self-monitoring devices for blood sugar measurement, it isn't hard to tell if cinnamon or MHCP is helpful. However, keep in mind that whole cinnamon, like most plants and other living things, has both fat-soluble and water-soluble fractions. There is some evidence that high levels of the fat soluble fractions of cinnamon could be cause for concern. Some researchers have found that substances in the fat (and oil) soluble

fractions of cinnamon may be both carcinogenic and genotoxic (damaging to genes, and leading to an increased risk of both cancer and birth defects). Fortunately, these risks are easily avoidable, and you can still get all the benefits of cinnamon just by taking a few simple steps.

Dr. Anderson has observed that essentially all toxic materials in cinnamon are fat soluble. He simply recommends that, to be safe, anyone using more than 1/4 to 1 teaspoonful of whole cinnamon daily first boil it in water, then pour off the resulting watery solution for use, and discard the solid remainder, which would contain the fat and oil-soluble fractions.

If you prefer not to take these steps, but still want to try this natural approach to controlling diabetes, you can avoid the potential hazard of whole cinnamon by using the cinnamon derivative, MHCP.

Since I've needed this tool for many individuals with diabetes or those at risk for diabetes, and since the long term risks (if any) of whole cinnamon aren't known, I've worked with the Life Enhancement Foundation to make MHCP available in supplement form as a product called Insulife. A daily amount of

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CLINICAL TIP 102

The \$20 treatment for infertility that could save years of heartache and financial drain

Infertility is not just a physical problem. It's frustrating, heart-wrenching, and extremely expensive. Unfortunately, infertility is on the rise—and has been for decades. Couples are spending tens of thousands of dollars a year on specialized testing and procedures in their quests to have babies. Ironically, there's been a safe treatment available in local natural food stores since the 1940s that costs less than \$20 a bottle was found effective in one trial in up to 75 percent of women who tried it!

This safe, frequently effective remedy is para-aminobenzoic acid, or PABA, often classified as a member of the B-vitamin complex. In the 1940s, Dr. Benjamin Sieve published results from research involving 16 women, all of whom had been unable to achieve

pregnancy for over five years.¹ All 16 women took 100 milligrams of PABA four times daily for three to seven months. Twelve of the 16 became pregnant. From the 1970s to the present, I've observed PABA to be effective for over 50 percent of the women who've tried it.

Thousands of women have overcome infertility with PABA...so why haven't you heard about it?

You haven't heard about the use of PABA to overcome infertility because of those three little words that keep so many natural cures in the shadows: It isn't patentable. Even though thousands of women working with natural-medicine doctors have overcome infertility with PABA since the 1940s, there have been no controlled trials

because they have become incredibly expensive (thanks to Congress and the FDA). Patent medicine (pharmaceutical) companies will only finance research for patentable molecules with which they can earn literally billions of dollars; unfortunately, PABA isn't patentable.

Worse, the FDA's ongoing suppression of the First Amendment to the Constitution of the United States actually prohibits companies that make and sell PABA from telling you about the infertility research.

Don't let politics stand in your way of starting a family. Give PABA a try. After all, it can't hurt to try a safe, inexpensive treatment for a few months before embarking on vastly more expensive testing or treatments that are inconvenient and exceptionally uncomfortable.

Keeping kava under lock and key: Could the government “force” you to take prescription tranquilizers by banning this effective alternative?

Kava is a widely used, clinically proven herbal treatment for relieving the symptoms of anxiety. It has been a wonderful alternative to prescription drugs for many people. But you may not be able to buy it in the very near future. Several months ago, health authorities in Germany threatened to forbid the sale of products containing more than tiny amounts of kava (*Piper methysticum*) after 24 cases of liver damage linked to the herb were reported.¹ And it just so happens that the FDA is also currently examining the evidence at hand and reviewing the status of kava.

An actual kava ban could force the many people who use it for treating anxiety to resort back to benzodiazepine drugs (the leading class of tranquilizers), and the awful side effects that go along with them (depression, hallucinations, amnesia, addiction, and violence).

And what's worse is that if kava is banned, it won't be because of any real evidence showing that it's hazardous; the evidence available to date is anything but reliable. Then why? Think about it: Whose interests are being served with a recommendation to revert to benzodiazepine drugs? The big patent drug companies, of course!

European governments ban kava based on easily- misinterpreted information

Knut Janssen, a spokesman for the German Federal Institute for Drugs and Medical Devices (BfArM) in Bonn, told *Reuters Health* that of the 24 cases reported in Germany, one person died and

three had to have liver transplants. The diagnoses included liver failure, hepatitis, and cirrhosis.

But in all except five of the 24 cases of liver damage reported in Germany, conventional drugs were being taken at the same time as kava.² So it's quite possible that the cases of liver damage were not due to the kava at all.

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damage, though serious,
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170,000 treatments.*

German officials may also argue that the action they're taking now follows a report published in 2000 by Swiss authorities (IKS) describing nine more cases of liver damage attributed to kava (which led to its ban in Switzerland).³ The author of that Swiss report says the risk of liver damage, though serious, is admittedly rare, estimating that one case might occur in every 170,000 treatments, but cautions that the frequency of this adverse event could be higher, since four cases were reported in six months in Switzerland alone.

Apparently the Swiss cases all involved the consumption of a high dose of acetone extract standardized to 70 percent kava lactones, which is the most popular product in Germany and Switzerland. (There are two ways to prepare kava extract, one using the solvent

acetone and the other using ethanol as the extracting solvent.) The acetone form is not widely sold in the United States, and it is uncertain just how long-term use of the ethanol form affects the liver.

Also, a letter describing one of the Swiss cases mentioned above provides strong evidence that the liver damage was immune-mediated.⁴ In other words, the kava phytochemicals sensitized immune cells to liver tissue, which they then attacked. But it's important to note that this type of reaction would happen *very* rarely, although the risk would certainly increase with long-term use. However, keep in mind that this type of reaction is just a freak occurrence and could more than likely explain most if not all of those cases that could be linked to kava.

German officials may also point to an Australian study of kava use in Aboriginal communities that appears to support the contention that kava is inherently hepatotoxic.⁵ However, simultaneous use of alcohol is often widespread in such communities and any observed liver damage could be readily accounted for by that.

There are some other arguments that *certain types* of kava extract could be dangerous...or that a “bad” reaction may be dependent on the *part* of the kava plant that's being ingested.

Suddenly dangerous: A few problems taint a long history of safe kava use

Kava is safely used as a beverage every day in some parts of the

world...and has been for centuries. Why then could it have suddenly become so dangerous that it has to be totally banned in certain countries? Kava has a long history of safe use in the Pacific Islands, and there have been no cases of hepatotoxicity noted. The South Pacific community is completely baffled by the German government's approach to kava and is concerned that this could kill off its flourishing kava export industry. One local doctor advised the press that there was no abnormality in levels of liver disease there other than a higher incidence of hepatitis B infection (which is totally unrelated to kava use).⁶

Is long-term kava use safe?

After reading over all the "evidence," I think that the rare cases of liver damage that have been linked to kava consumption likely stem from an immunoallergic reaction perhaps exaggerated by the type of extract consumed and isolated deficiencies in detoxifying enzymes. These are not sufficient grounds to restrict the use of kava, especially in cases in which patients are being monitored by suitably qualified herbal clinicians. I have been prescribing kava for over 10 years and have never witnessed even one case of hepatotoxicity.

I do agree, however, since more research needs to be done before anyone can make an informed decision about the safety of this product, that controls should perhaps be tighter on *unsupervised* use of kava.

In the meantime, if you use kava, please be on the lookout for the following symptoms:

- Unexpected fatigue, weakness, loss of appetite, and unintentional weight loss, and/or with an initial yellowing of the skin or the white part of the eyes. Dark urine or colored stools

can indicate well advanced liver damage. If such symptoms appear, discontinue kava use and consult your doctor immediately.

- Kava extracts should be cautiously employed if you have any pre-existing liver conditions or other relevant risk factors, such as deficiencies in drug-metabolizing enzymes.
- Long-term, a few weeks or more, and/or continuous use of kava should be avoided unless you are under close clinical supervision. It would be beneficial to have regular breaks of at least one week, but consult your doctor first.

We don't need "Big Brother" denying us a generally safe option for controlling anxiety

The bottom line is that we should be allowed to make our own informed choices about kava. And we certainly shouldn't trust any groups who have only the best interests of the big patent medicine companies at heart. Remember that the prescription anti-anxiety medications that are the "alternative" to kava are much, much more likely to make pharmaceutical companies a lot of money. They're also much, much more likely than kava to have detrimental (and possibly deadly) side effects. 🍎

Keeping diabetes in check

(continued from page 3)

Insulife combines approximately the amount of MHCP found in 1 teaspoonful of whole cinnamon with chromium and other nutrients shown to help reduce insulin resistance. Insulife is available through natural food stores, compounding pharmacies, Life Enhancement Foundation, (800)543-3873 or (707)767-6144; www.life-enhancement.com, and the Tahoma Clinic Dispensary with which I am affiliated; (888)893-6878, (425)264-0071, www.tahoma-clinic.com.

Taper down your medications with caution: Work with a physician

If you're already taking insulin or a patent medication for diabetes and you want to try cinnamon or MHCP, it's important to work with a physician who can assist you in safely tapering down the amounts of medication you're using. Since many conventional physicians may not be familiar with (or may resist) the idea of using even a well-researched natural product (in combination with diet, exercise, and other specific supplementation) while reducing or completely eliminating the need for a patent medication, you may want to consult one of the following groups for a referral to a skilled alternative physician in your area: the American College for Advancement in Medicine, (800)532-3688, (714) 583-7666, www.acam.org; the American Academy of Environmental Medicine, (316)684-5500, www.aaem.com; or the American Association of Naturopathic Physicians, (703)610-9037, www.naturopathic.org. 🍎

**To make an appointment with a Tahoma Clinic doctor,
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**For more information on the services available,
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CLINICAL TIP 103

Say goodbye to mood swings, tension, and irritability with an old favorite—ultra-safe L-tryptophan

Eli Lilly's relaunching of the antidepressant Prozac under its new name —Sarafem—is still bothering me. According to the advertisements on television, Sarafem is meant to help women who suffer from a form of severe PMS called premenstrual dysphoric disorder. But with side effects ranging from headaches and nausea to hallucinations and violence, Sarafem is one of the last medicines I'd ever want to give a young woman. Luckily, there's a much safer treatment option available for women who suffer from this severe type of PMS: L-tryptophan.

L-tryptophan really is safe, although this essential amino acid was banned in the early 1990s. The FDA forbid over-the-counter sales of L-tryptophan but at the same time *required* it to be included in amino acid formulas for intravenous use and in infant formulas! The ban obviously wasn't logical 10 years ago, and it's still not.

As a quick recap, it should be pointed out that the "problem with L-tryptophan" (which was indeed serious—38 people died) that prompted the FDA to make it unavailable, was actually due to contamination. The contaminant was produced due to a mistake in genetic engineering. I won't deny that *contaminated* L-tryptophan was a problem; by contrast, uncontaminated L-tryptophan itself is not only

safe in commonly used quantities, but it's also *essential to life*. So please don't worry about L-tryptophan's safety, and please, in light of the research that's been done, consider its use for premenstrual syndrome (PMS).

In one important study, 71 women with "premenstrual dysphoric disorder" took either L-tryptophan or a placebo from the time of ovulation to the third day of menstruation for three consecutive months. Compared with a placebo, L-tryptophan resulted in significant improvement in mood swings, tension, and irritability (components of the "dysphoric" part of PMS).¹ The researchers suggested that increasing the brain's production of serotonin (one of the effects of L-tryptophan) is responsible for this beneficial effect.

This research used 2 grams of L-tryptophan three times daily after meals. In my experience, that much L-tryptophan is hardly ever required to relieve "dysphoric PMS" if it's taken properly and is accompanied by additional nutrients that help relieve other aspects of PMS, including water retention, bloating, and headaches.

Keep in mind that, since L-tryptophan competes with other amino acids for absorption, it's absorbed best if taken *before or after meals* (by at least an hour or more). But unlike most other amino acids,

L-tryptophan penetrates into the brain (where it's the precursor for serotonin production); it therefore works best when it's accompanied by a small amount of carbohydrates, such as 2 or 3 ounces of orange juice. For a combination that eliminates a large majority of PMS symptoms for most women, take 1,500 milligrams of L-tryptophan (twice daily between meals with a small amount of juice), along with 50 to 100 milligrams of vitamin B₆, 100 to 150 milligrams of magnesium, and for some 2 grams of gamma-linoleic acid (GLA) daily.

Even though it's a nutrient essential to life, not a patent medication, L-tryptophan is still not available in natural food stores as it was for over 20 years prior to the genetically engineered contamination episode. However, L-tryptophan is available by prescription through compounding pharmacies. For a prescription, check with a physician skilled and knowledgeable in nutritional medicine. If you need a referral to such a physician in your area, contact the American College for Advancement in Medicine, (800)532-3688, (714)583-7666, www.acam.org; the American Academy of Environmental Medicine, (316)684-5500, www.aaem.com; or the American Association of Naturopathic Physicians, (703)610-9037, www.naturopathic.org.

Learn more about natural healing directly from Dr. Wright

Dr. Wright will be a featured presenter at an upcoming seminar in St. Louis, Missouri, hosted by the American Association of Environmental Medicine (AAEM) titled "Clinical Nutrition for the Practicing Physician." This instructional course is one in a series for healthcare professionals and those with a serious interest in natural therapies. It will offer an in-depth look at nutritional medicine based on specific diagnoses, as well as a special demonstration on intravenous nutritional therapies presented by W.A. Shrader, M.D. The seminar, which also includes a presentation titled "A Comprehensive Course for the Diagnosis and Treatment of Food Sensitivities," will take place April 25-30 at the Hyatt Regency, Union Station in St. Louis. For more information, contact AAEM at (316)684-5500 or www.aaem.com.

Natural Response

Tips on treating Graves' disease from our own herbal expert—Kerry Bone

Q: *What dose of bugleweed and motherwort tinctures should be used for someone with Graves' disease? I have ordered herbs from Gaia to use for a 25-year-old who went from hypothyroidism to Graves' disease over a 12-month period. Thank you.*

---C.C., M.D., Harrison, Arkansas

A: For those who may be unfamiliar with Graves' disease, it's an autoimmune disease that causes the thyroid gland to produce too much hormone. Symptoms of Graves' disease include nervousness, insomnia, sweating, tremors, an increased heart rate, unexplained weight loss (often despite an increased appetite), sensitivity to warm temperatures (feeling hot all the time), muscle weakness, shortness of breath, and arrhythmia.

Mainstream treatments for Graves' disease often involve the use of prescription drugs (which must be taken indefinitely to provide symptom relief), radioactive iodine treatments (which often cause hypothyroidism, also known as underactive thyroid), and surgery. The herbs bugleweed and motherwort can help Graves' patients by regulating thyroid function and alleviating symptoms without a lifetime of prescription medications or a high risk of falling victim to hypothyroidism and beginning a vicious thyroid-disorder cycle.

To answer your question, I'd like to quote herbal expert (and monthly *N&H* contributor) Kerry Bone: "When I work with patients who have Graves' disease, I usually mix together equal amounts of each extract, then administer a dose of two teaspoons of the mixture per day.

From my own experience in treating patients with Graves' disease, I have found that 300 milligrams of lithium carbonate, taken three to four

times daily and accompanied by one tablespoon of flaxseed oil and 400 IU of vitamin E as mixed tocopherols (to prevent the flaxseed oil from oxidizing too rapidly) is often very helpful. Lithium rapidly inhibits thyroid function and the dose listed above usually regulates an overactive thyroid. The flaxseed oil helps to prevent against any potential lithium toxicity side effects.

Also, since Graves' disease is an HLA-B8 autoimmune disease, a trial of total elimination of all gluten/gliadin grains and all milk and dairy products may be very worthwhile. (For more information on HLA-B8 autoimmune diseases, please refer to the March 2002 issue of *Nutrition & Healing*.)

Increase your stomach's natural acids and get rid of heartburn completely!

Q: *I saw your very informative page on the web, www.tahoma-clinic.com, regarding the actual cause of heartburn. I have been suffering from chronic heartburn problems for the last five years and have eaten antacids and acid blockers like candy without any relief. After reading your article, I tried taking betaine HCl (with pepsin) tablets after each meal, and this has remarkably improved my condition. Thanks for helping me solve this problem, which my uncle (a doctor of internal medicine) wasn't able to fix.*

I am a vegetarian and have given up coffee, drinking ginger juice instead. I would be grateful if you can let me know where to go from here. That is, should I keep taking HCl tablets forever or is there any other solution to improve acid secretion and get rid of heartburn completely?

---A.R., Butler, Pennsylvania

A: I'm very glad to know you've had substantial relief from your chronic

heartburn symptoms! Unfortunately, most individuals with similar problems find that things don't return to normal and they need to continue taking replacement hydrochloric acid and pepsin to stay as healthy as possible. But that doesn't mean you shouldn't try to, over time, wean yourself from HCl. I've worked with individuals in their 60s and 70s who've gone from nearly zero to normal stomach functioning over several years time.

A lot depends on whether or not you can find a cause for the problem (or at least accurately guess at a cause) and then correct it. As space is limited here, please obtain a copy of *Why Stomach Acid Is Good for You*, which I wrote along with my colleague Lane Lenard, Ph.D. (Pay particular attention to the part about the use of "bitters" as stimulants for normal stomach function). The book should be available through your local natural food store or compounding pharmacy or through the Tahoma Clinic Dispensary; (425)267-0071, www.tahoma-clinic.com.

From what it sounds like, you've already started to restore a much closer-to-normal flow of essential nutrients into your body (from the foods you eat). And most likely, over time, your intestinal microflora will slowly return toward a more normal mix. Maintaining a normal mix of intestinal microflora is important because these microorganisms protect us from many, many gastrointestinal diseases and produce significant quantities of essential nutrients, which are then absorbed into our bodies. These nutrients include folic acid, vitamin K, biotin, vitamin B₁₂, and many others that we need in order to live and be healthy.

I do have some technical points

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Natural Response

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that apply to you and anyone else who achieves relief of chronic heartburn with betaine hydrochloride-pepsin supplements:

(1) It's wisest to take all of the betaine hydrochloride with pepsin before you finish each meal. A very small minority of those who take the tablet after meals report a minor "backfire" from the betaine hydrochloride "sitting on top" of the food and refluxing back through a malfunctioning lower esophageal sphincter (LES) into the esophagus.

(2) Try a brief series of intramuscular (IM) injections of vitamin B₁₂, 1,000-2,000 micrograms, along with 2.5 to

5 milligrams of folic acid, twice weekly for about a month. Well over 50 percent of women who try this note significantly more energy. For men, the figure is definitely under 50 percent but still applicable. Since you are a vegetarian, a series of vitamin B₁₂/folic acid injections is *especially* important.

(3) Find a doctor who can give you a series of six to eight multimineral infusions (IVs) once a week. These should contain a dozen or more minerals each. Nearly everyone who's had chronic heartburn for four to five years or more finds these infusions helpful for providing energy and for at least partially relieving various symptoms that occur because of long-term deprivation of essential

minerals. To find such a physician in your area, contact the American College for Advancement in Medicine, (800)532-3688, (714)583-7666, www.acam.org or the American Academy of Environmental Medicine, (316)-684-5500, www.aaem.com. 🍏

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CLINICAL TIP 104

Listen up! Your ears could harbor an important link to dry skin, an enlarged prostate, and even heart disease

Didn't your mother remind you to "wash your ears" when you were a child? Most mothers did. And if you're anything like me, you still like to keep them clean. But for most of us, a wash-cloth and Q-tips are about as deep as our ear-care thoughts go.

However, for those people who have way too much earwax all the time, or for those who have it dry out and accumulate to the point where they need to go to the doctor to have it removed, ear cleaning can be a real nuisance.

"So what?" you might think. "Clogged ears can be a hassle (especially for swimmers), but no one ever died of excess earwax or of ears clogged with dried-out wax. It's not a disease!"

You're right to think that excess earwax is not in itself a disease. But it's a nuisance that signals a much more important problem, one that if left untreated could *cause* disease: Essential fatty acid insufficiency.

Essential fatty acids have many, many important functions, including (but certainly not limited to) preventing cardiovascular disease, preventing an enlarged prostate, maintaining normal brain cell membranes, regulating inflammation, and maintaining soft skin.

Get rid of earwax and enjoy a healthier body overall

First, you should have any ear wax (or clogs caused by dried ear wax) removed for what's likely to be the very last time. Then start taking one tablespoon of cod liver oil and one tablespoon of flax oil at different times of the day. (This combination contains much more omega-3 fatty acid than omega-6, but since most people have much more omega-6 before supplementation, it should balance out.) Do this for two to four months, and it's extremely likely that your ear wax problems will be gone for good...as long as you continue to

optimize your acid intake of essential fatty acids.

After two to four months, it's usually possible to cut back the essential fatty acid supplement to one tablespoon of flax oil daily. (Flax oil is approximately 50 percent omega-3, 30 percent omega-6, and 20 percent omega-9 fatty acids; a good balance for the long run.)

Remember, whenever you supplement with fatty acids, you also need to take extra quantities of vitamin E, preferably as "mixed tocopherols." For the first two to four months, it's best to take 800 IU daily; then take 400 IU daily.

There are also some excellent food sources of omega-3 fatty acids that can provide a delicious way to boost your levels. Walnuts, avocados, dark leafy vegetables, and certain cold-water fish such as salmon, trout, and sardines, are certainly worth a try.